

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
STEVA NURSING HOME-1310 EAST ARMOUR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 MO. 4 (Specify whether
In this community 63 YEARS years, months or days)

3. (a) PRINT FULL NAME MRS MARGARET M LINDGREN
3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. NELS S. LINDGREN, JR. 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased: JANUARY-29-1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 26 If less than one day hr. _____ min. _____

9. Birthplace HERMAY MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____
12. Name HENRY STALMAN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name MARY KEPELRING
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Nels Lindgren
(b) Address 3835 Main St

17. (a) BURIAL (b) Date thereof NOV 26 1948 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. WASHINGTON CEM.

18. (a) Signature of funeral director D. H. Newcomer
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 11-24-48 (b) Geraldine Holmes (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3835 MAIN STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 24TH
year 1948 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 1
1948 to Nov. 24, 1948
that I last saw her alive on Nov. 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 10 hrs

Due to Arteriosclerosis 15 yrs

Due to _____

Other conditions Arteriosclerotic changes
(Include pregnancy within 3 months of death)
St leg amputated above

Major findings: Of operations Knee 8/27/48

Of autopsy 8/30

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury Stroke
Signature Claude C. Farley (M. D. or other) _____
Address 4301 Main Date signed 11/24/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

10-12-50; 4-5-30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Edward M. Storage*

Licensed Embalmer No. *4452*

P. O. Address *K, C. 4 mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.